



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
	MACSS Case ID:
Petitioner:	Petitioner's Address:
SSN: vs.	
Respondent:	Respondent's Address:
SSN:	(Date File Stamp)

Acknowledgment Agreeing to Termination of Child Support

NOTE: This form may be used only where a claim is made that no child remains entitled to support.

Directions: If you are the person receiving support and you agree to termination of the obligation to pay support for the child, you may, but are not required to, file this Acknowledgment with the Court. (See Certificate of Person Receiving Support below.)

Upon your filing of this Acknowledgment, a judgment terminating the obligation to pay support for the child will be entered. Your failure to file this Acknowledgment within 30 days of your receipt of the Affidavit may result in entry by default of a judgment terminating the obligation to pay support for the child.

<p>I, _____, am receiving support for _____ (name) (hereinafter referred to as the child), whose date of birth is _____. I acknowledge that the child is no longer entitled to support and, therefore, agree to termination of the obligation of _____ (name) to pay support for the child.</p> <p>The facts in this Acknowledgment are true to my best knowledge and belief and are made under penalty of perjury.</p> <p>_____ Signature of Person Receiving Support</p> <p>_____ Date</p>	
<p>Certificate of Person Receiving Support</p> <p>I certify that on _____ (date), I filed the original of this Acknowledgment with the Circuit Clerk of _____ County, Missouri, at _____ (address) and mailed a copy of this Acknowledgment to _____ (name), the person paying support, at _____ (address), _____ (city), _____ (state).</p> <p>_____ Signature of Person Receiving Support</p>	